

City of St. Louis
Report of Intermittent/Reduced Schedule Family/Medical Leave Taken

Name:	Address:
Department:	Job Title:

Time taken for the health condition of the employee _____ or Family Member _____

FOR PAYROLL CLERK USE ONLY						
DATE	HOURS USED	HOURS CHARGED TO SICK LEAVE	HOURS CHARGED TO VACATION LEAVE	HOURS CHARGED TO MEDICAL LEAVE	HOURS CHARGED TO COMP. TIME	NON-PAID (DOCK)
SUB-TOTALS						

Pay Period Ending: _____	Total FMLA Hours Used: _____
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_____ Date

_____ Employee's Signature

_____ Supervisor's Signature

_____ Appointing Authority's Signature

This form should be retained in the employee's department for a three year period.